

Name in Full

Certificate of Death

Sarah Eliza Adams

Town

County

Died at

Leesville

Montgomery

MARYLAND

Date

1902

Month

Day

Jan 24

Y.

M.

D.

Native of

Occupation

Age

32

Md.

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Single~~

Female

Colored

~~Single~~~~Widow~~

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Name

A.D.

Cause of

Primary

Pneumonia

How long sick

8

Death

Immediate

Dyspnoea

Accident, Suicide, Homicide

Reported by

J. S. Brown Md.

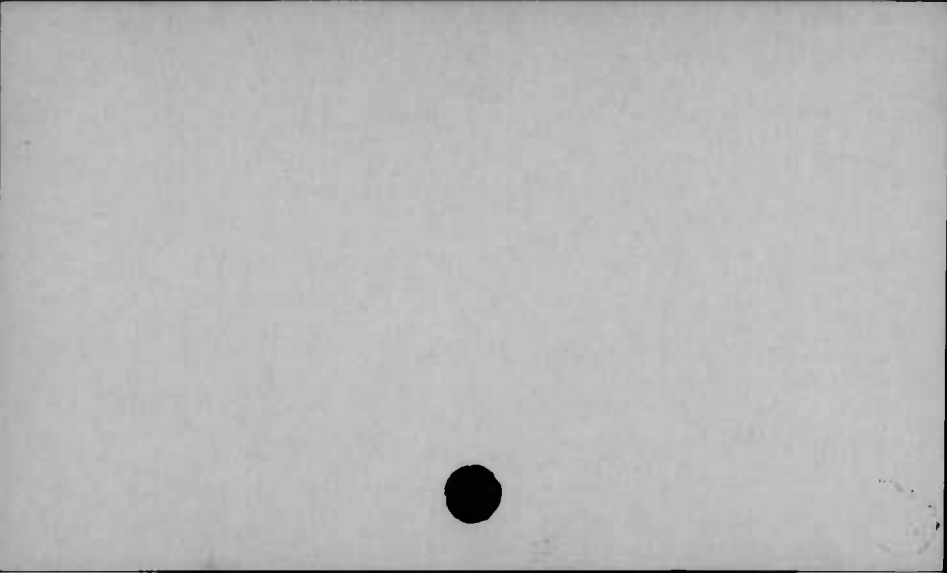
Address

Burnt Mills

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Ellen A. Atz-

Town

County

Died at

Germantown

Montgomery

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 23

Age 80 - 8

Mo.

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~~~Husband~~

of

Christopher Atz-

Wife

Father's

Name

Robinson

Mother's

Maiden Name

Cause of

Primary

Sarcoma of Breast

How long sick

Two yrs

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

L. F. Wilson

M. D.

Address

Germantown

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Martin Bland

Town

County

Died at

Martinsburg Montgomary

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan

1st

Age

80

Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

1

Husband

of

Wife

Maudie Higgins

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old age

Death

Immediate

154

How long sick

6 months

Accident, Suicide, Homicide

Reported by

C. F. Fielder

Address

Martinsburg

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James Clifton Brewer

Died at ^{Town} Quince Orchard ^{County} Montgomery MARYLAND

Date 1902 Jan 20th Age 5. 14. Native of Md Occupation Infant

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of ~~+~~

Wife

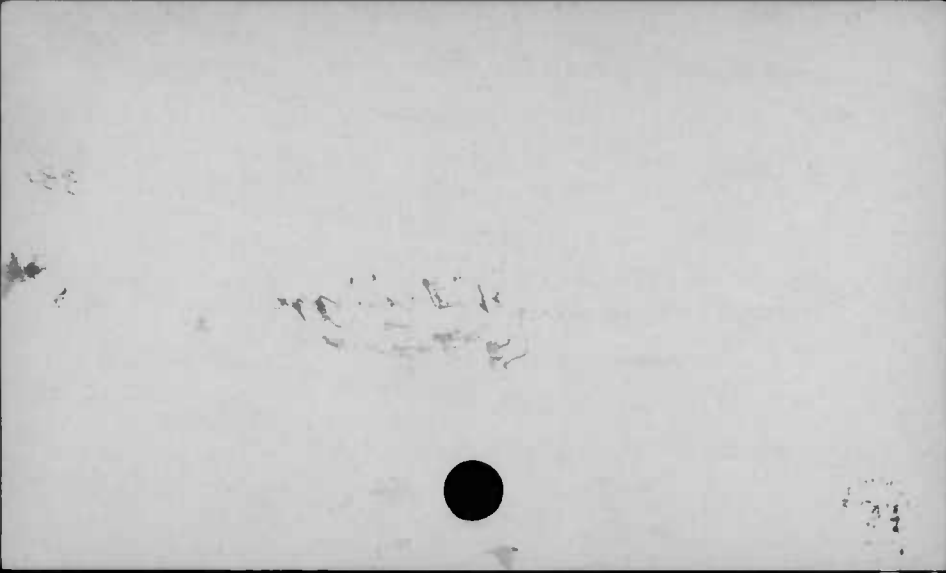
Father's Name Julius George Brewer Mother's Name M. E. Brewer
 Maiden Name M. E. Bearden

Cause of Death { Primary Enteritis with Pneumonia How long sick Ten days
 Immediate Accident, Suicide, Homicide

Reported by U. D. Hous M. D.

Address Dawsonville Montg & Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Daniel Thial Anderson Russell

Town

County

Died at Mt. Zion

Montgomery

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Jan.	5	2	6	-	Md	-
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
of

Father's Name George W. Russell

Mother's Name Mary Ellen Russell

Cause of Primary Pneumonia

Q3

How long sick
6 days

Death Immediate Asthenia

Accident, Suicide, Homicide

Reported by Chas. Farguebar, M.D.

Address Bluey Montg. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary A. Cussel

Town

County

Died at Woodside Montgomery

MARYLAND

Date 1902 1 25 Age 49-2 20 1/2

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Alfred Keam

Mother's Name Matilda Cane

Cause of Death { Primary Intestinal Tuberculosis

Immediate Exhaustion

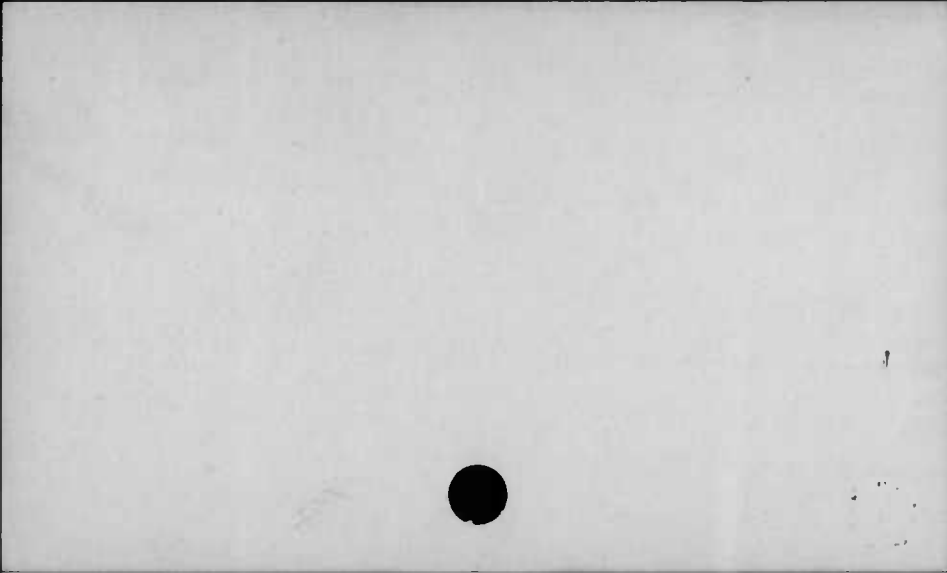
How long sick

Accident, Suicide, Homicide

Reported by Alfred V. Parsons

Address 1111 Park, N.E.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

W^m William Crawford

Town

County

Died at

MARYLAND

1902 Month Day Y. M. D. Native of Occupation
 Date 1902 Jan 10 Age 86 - - - Md ✓

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Valvular Disease

How long sick

3 weeks

Death

Immediate

of the Heart

~~Accident, Suicide, Homicide~~

Reported by

W. L. Lewis M.D.

Address

Kensington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, GEORGE



Name In Full

Certificate of Death

Mr. Samuel Cuming Dorsey,

Died at ^{Town} Brookville, ^{County} Montgomery, MARYLAND

1902
Date +89-
Month Jan. Day 16th
Y. 87-8-
M. D.
Native of Maryland
Occupation Farmer
Male ☒ White ☒ Married ☒ Widow ☒ Divorced
Female ☒ Colored ☒ Single ☒ Widower
Number of children living 3

Husband of Mrs. Mary Dorsey,
Wife

Father's Name Mr. Dennis Dorsey, Mother's Name Mrs. Maria Dorsey,

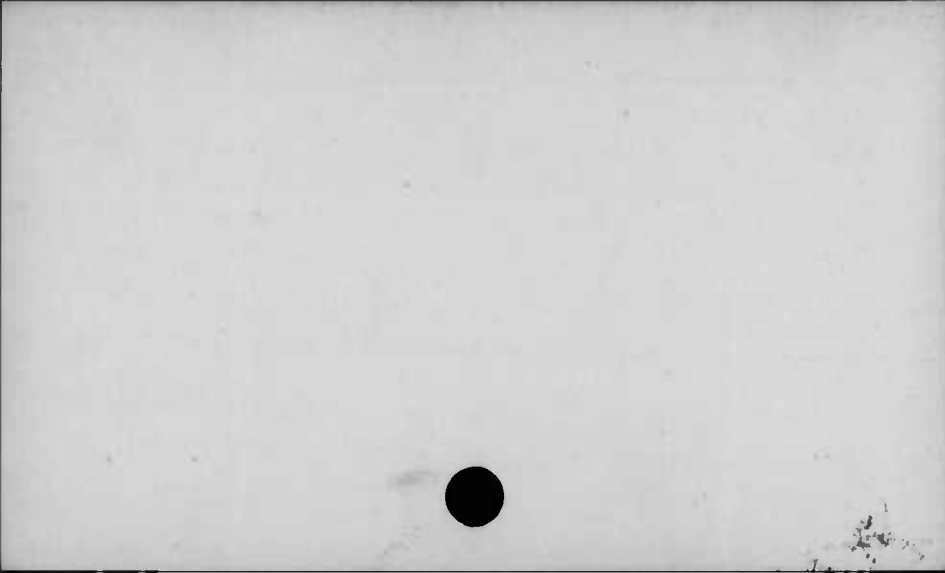
Cause of Primary Prostatic Hypertrophy, How long sick 7 days

Death Immediate Traumatic Coma, Accident, Suicide, Homicide

Reported by L. G. Clevings,

Address Philadelphia, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Eliza G. Dorney

Town *Sandy Spring* County *Montgomery* MARYLAND

Died at *Sandy Spring* *Montgomery* MARYLAND

Date *1902* *1* *25* Y. *14* M. *14* D. *Frederick County* Occupation *—*

☒ Male ☐ Female ☐ White ☒ Colored ☒ Married ☐ Single ☐ Widower ☐ Divorced Number of children living *—*

Husband of *—*
Wife of *—*

Father's Name *Frank Dorney* Mother's Name *India Dorney*

Cause of Death { Primary *Diphtheria* *Age* How long sick *6 days*
Immediate *Heart failure* Accident, Suicide, Homicide

Reported by *Roger Brooke, M.D.*

Address *Sandy Spring Md*

Not be signed by physician, if any in attendance, otherwise by *—* er, undertaker or minister.



Name in Full

Certificate of Death

Annie Dyson

Died at ^{Town} near RadvilleCounty ^{Montgomery}

MARYLAND

Date ^{Month} 1 ^{Day} 2 ^{Y.} 1902 ^{M.} ^{D.} ^{Age} about 35 ^{Native of} Md ^{Occupation} Housewife

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband of ~~Chas~~ Chas Dyson

Father's Name ~~Smith~~ Mother's Name X

Cause of Death { Primary ~~Selamms~~ How long sick 5 days
 Immediate ~~Exhaustion~~ 72
 Accident, Suicide, Homicide X

Reported by Dr. M. Linthicum Md
 Address Radville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65065

Name in Full *Hettie Estworthy*

Town *Darnestown* County *Montg.*

Died at *Darnestown* MARYLAND

Date 1902 *1* *2* Month Day Y. M. D. Age *24* - *1* Native of *Ind* Occupation *Housewife*

~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~ *Female* ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *one*

Husband *Frank Estworthy*

Wife *Frank Estworthy*

Father's Name *W. Cornwell* Mother's Maiden Name *[initials]*

Cause of Death { Primary *Purpural Fever* Immediate *Asphyxia* } How long sick *Thru wks.* Accident, Suicide, Homicide

Reported by *Chas. H. Nourse, M.D.*

Address *Darnestown Montg. Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Mary Ellen Jackson*
 Town *Elchison* County *Montgomery*
 Died at *Elchison* MARYLAND
 Date 19 *02* Month *January* Day *Sunday* Y. *18* M. *4* D. *10* Native of *Maryland* Occupation *House wife*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living *3*
 Husband of *Andrew Jackson*
 Father's Name *Henry Jones* Mother's Maiden Name *Ellen Griffith*
 Cause of Death { Primary *Cerebral paralysis* Immediate ☒ How long sick *Five years*
 Accident, Suicide, Homicide ☐

Reported by *Basil B Croasford M.D.*
 Address *Laytonsville* *Montgomery Co Md*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name In Full *Miss Effie Lodge*
 Town *Gaithersburg* County *Montgomery* MARYLAND
 Died at *1902 Jan. 31* Age *28* Native of *Maryland* Occupation *Stenographer*
~~Male~~ *Female* ~~White~~ *White* ~~Married~~ *Single* ~~Widow~~ *Widow* ~~Divorced~~ *Number of children living*
 Husband of *J. L. Lodge* Mother's Name *H. V. Warfield*
 Cause of Death *Complication of diseases* How long sick *five months*
Immediate *Complication of diseases* ~~Accident, Suicide, Homicide~~
 Reported by *Dr. E. C. Etchison*
 Address *Gaithersburg* *Montgomery Co. Md.*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Walter Hallome

Town

County

Died at

Fairland

Montgomery

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 21

Age

67

md

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Ollie Hallome

Mother's

Maiden Name

Cause of

Primary

Membranous Croup

How long sick

5 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. R. Batson

Address

Spencerville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79848



Name in Full

Certificate of Death

Elger Mitchell

Town

County

Died at

MARYLAND

Date 1902 Jun 23

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 Jun 23

Age

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Lottie Mitchell

Cause of

Primary

Colic

How long sick

one day

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. R. B. B. B.

Address

Shenandoah

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Theodore Pearce

Town

County

Died at

Rockville

Maryland

MARYLAND

Date 1902 / 1 / 4 Age - 3 - Native of Md. Occupation

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66099



Lula Mary Rohrer
 Town County

Died at

Boys
 Month Day

County

Montg'
 Y. M. D.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1-18
 Month Day

Age

23
 Y. M. D.

md
 Native of

Housewife
 Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

One
 Number of children living

~~Wife~~
 of

Wife

Father's

Name

Samuel Rohrer
 of

Eli Brown
 Father's Name

Mother's

Maiden Name

Cause of

Primary

Childbirth
 Primary

How long sick

6 days
 How long sick

Death

Immediate

Scarlet Fever
 Immediate

~~Accident, Suicide, Homicide~~
 How long sick

Reported by

J. N. Simpson, M.D.
 Reported by

Address

Germananton Md.
 Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Alice S. Sewell

Town

County

Died at

Dawsonville Montgo Co.

MARYLAND

Date 19

02

Month

Day

1 17

Age

41 - -

Native of

Md.

Occupation

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living 6

Spouse of

Richard Sewell.

Father's

Mother's

Name

Evelyn

Maiden Name

Evelyn

Cause of

Primary

Paralysis

How long sick

few hours.

Death

Immediate

Paralysis - second attack

~~Accident, Suicide, Homicide~~

Reported by

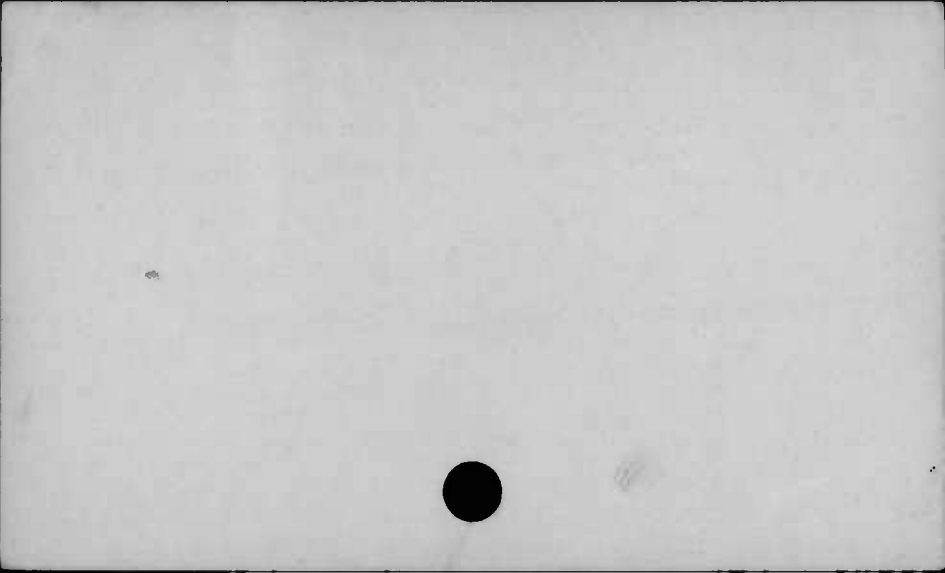
U-D. House

Address

Dawsonville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79848



Name in Full

Certificate of Death

Robert Simpson

Town

County

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Jan. 21

Age 48 about

Md.

Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

8

Husband

of

~~Wife~~

Martha Simpson

Father's

Mother's

Name

Name

Cause of

Primary

Interstitial Nephritis

How long sick

1 year

Death

Immediate

Albemia

Accident, Suicide, Homicide

Reported by

Aug Stabler M.D.

Address

Brighton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Mary A Snowden

Certificate of Death

Died at Wt Zion Town Montgomery County MARYLAND
 Date 189 1902 Jan 29 Day 75 Y. M. D. Native of Maryland Occupation Housewife
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living 3

Husband of Lorena Snowden
 Wife Anthony King
 Father's Name Anthony King Mother's Name Lydia King
 Cause of Death { Primary Mitral Regurgitation of Heart How long sick about 2 wks
 Immediate Cardiac Incompetence ~~Accident, Suicide, Homicide~~

Reported by

W H Dyson M.D.

Address

Raytownville Montgomery Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henry Steward

Town

County

Died at

Norwood

Montgomery

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	1	22	63	1	5	Calvert Co.	Labourer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
of

Wife
Father's
Name

Mother's
Name

Cause of Death { Primary abuse of alcohol
Immediate Heart failure

How long sick
2 months

Accident, Suicide, Homicide

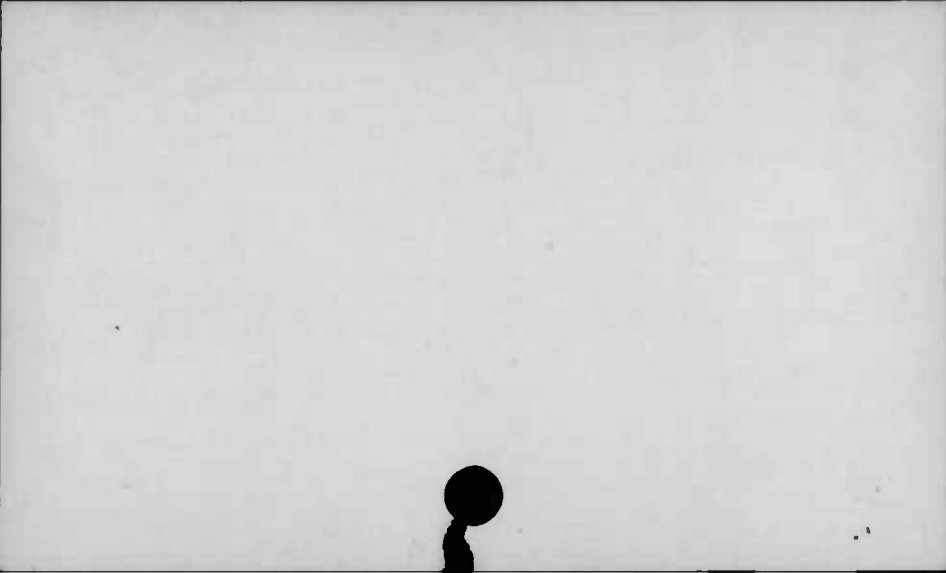
Reported by

Roger Brinker M.D.

Address

Sandy Spring Md

Must be signed by physician, if any in attendance, otherwise by minister, undertaker or minister.



Martha Rebecca Stonestreet

Died at ^{Town} Rockville ^{County} Montgomery MARYLAND

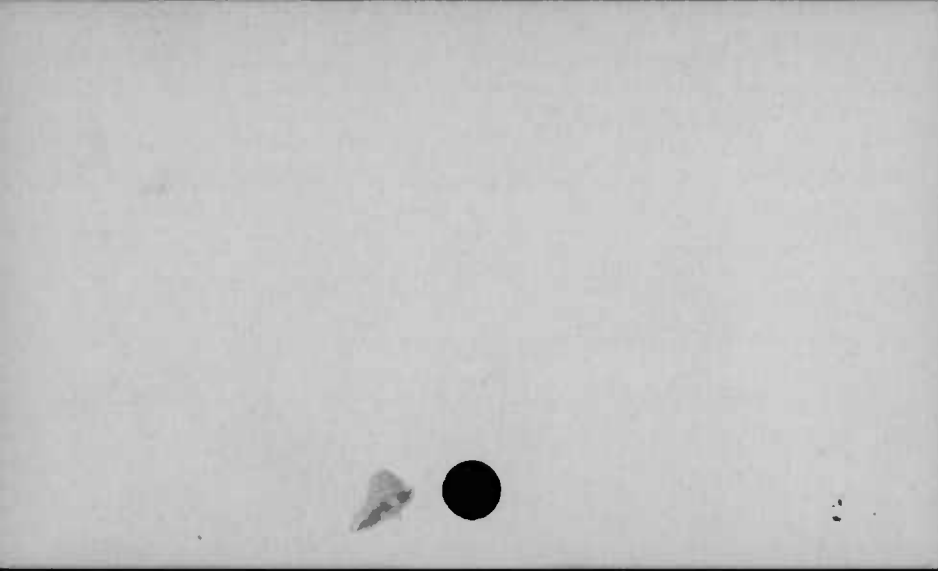
Date 1902 ^{Month} July, ^{Day} 26th ^{Age} 69 ^{Y.} ^{M.} ^{D.} ^{Native of} Maryland, ^{Occupation} Housewife

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living six

Husband of Mr & S Stonestreet
 Wife
 Father's Name Basil Barry Mother's Name Martha Magruder
 Maiden Name

Cause of Death { Primary Valvular heart disease
 Immediate
 How long sick Three weeks
 Accident, Suicide, Homicide

Reported by Mr & S Stonestreet - M, R.
 Address Rockville, Md.



Name in Full *Marc Swann*
 Died at *Ednor* Town *Montgomery* County *MARYLAND*

Date *1902* Month *1* Day *7* Age *8* Y. *11* M. *21* D. *11* Native of *Ill.* Occupation *—*
☒ Male ☒ White ☒ Married ☐ Widowed ☐ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower Number of children living *—*

Husband
 of
 Wife

Father's
 Name *—* Mother's
 Name *Leyzie Day*

Cause of Death { Primary *Tuberculosis* How long sick *one week*
 { Immediate *Meningitis* Accident, Suicide, Homicide

Reported by *Roger Brooks, M.D.*
 Address *Sandy Spring Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

